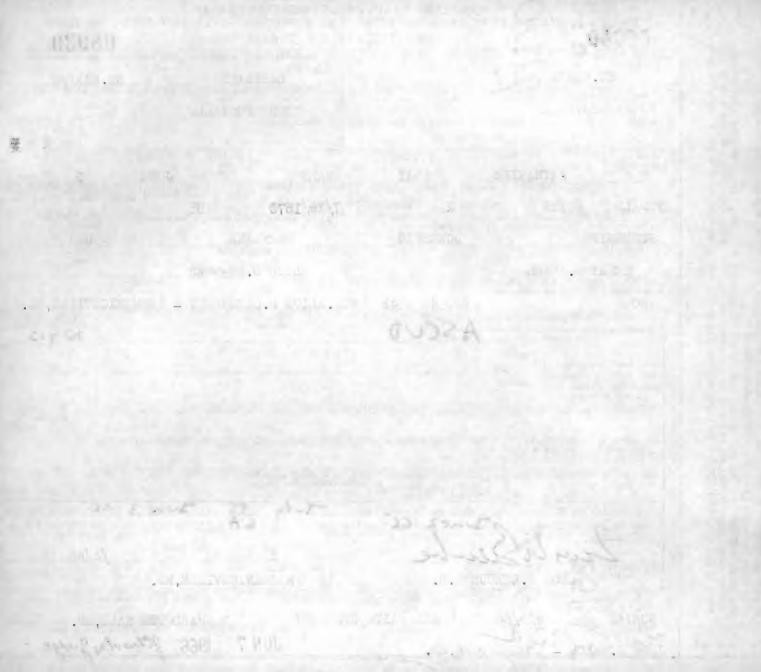
1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
death.	CERTIFICATE OF DEATH 08930
funeral and 2 r death.	PLACE OF DEATH
ter ter	ST. MARYS MARYLAND MARYLAND ST. MARYS
icate be executed within 24 hours after physician and completely filled in by the 1 n please, camove carbon papers. Pages 1 val, and in any event, within 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	MECHANICSVILLE MECHANICSVILLE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
0	YES NO ME
	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
	(Type or print) KATHARINE CLAY ADAMS DEATH JUNE 3 19 66 5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years FUNCER YEAR FUNCER 24 HRS.
	iast birthday) Months Days Hours Min.
	FEMALE WHITE WIDOWED DIVORCED 7/16/1870 95 yrs. 10a, USUAL OCCUPATION (GIVE kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
	during most of working life, even if retired) INDUSTRY
	HOUSEWIFE DOMESTIC MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	HENRY C.ADAMS ALICE O.BRAWNER
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unknown) (If yes give war or dates of service) NO 220 44 9541 MRS.ALICE M.OSTERHOUT - MECHANICS VILLE, MD.
	I 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), 1
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) A SCUD ONSET AND DEATH ON Y S
	42 - 1 DUE TO
	Conditions, if any, which gave rise to immediate (b)
	cause (a), stating the DUE TO
	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19, WAS AUTOPSY]
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ATT
0	
	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTR
	20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, lambda 20f. (City or town) (County) (State) 4 4 4 4 4 4 4 4 4
	21. I certify that (I) (this hospital) attended the deceased from 30/4, 1953, to 30/6, that (I) (we) last
	saw the deceased alive on 21966, and that death occurred at 6 AM, from the causes and on the date stated above.
	22a. SIGNATURE / / / / / / / / / / / / / / / / / / /
	Lan Wente M.D. ATTENDING IN DIRECTOR DI
1	PHYSICIAN'S NAME (Type) LEON W.BERUBE M.D. 22d. ADDRESS MECHANICSVILLE.MD.
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	BURIAL 6/6/66 ALL FAITH CEMETERY CHARLOTTE HALL MD 24. FINERAL DESCRIPTION ADDRESS 258. REC'D BY REGISTRAR 250. REGISTRAR 5 SIGNATURE
0	John M. WELCH - LEONARDTOWN MD. DATUN 7 1966 gCharles Judge
-	The same and the same



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE after ST. MARY S ST. MARY'S by the MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1D PINEY POINT .5 LEGNARDTOWN DAYS RURAL bon papers. within 72 to d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? ST. MARY S HOSPITAL NO X YES carbon NAME OF Middle Last DATE Month Year DECEASED (Type or print) DEATH 19 REGUNAL BLACKWELL JUNE JOSEPH remove AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Y 8. DATE OF BIRTH last birthday) Months Days Hours any WIDOWED J DIVORCED [JUNE 19.1966 NEGRO ease r = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) COUNTRY? U.S.A MARYLAND certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVANGALINE BLACKWELL JOSEPH. attendin 15. WAS DECEASED EVER INU.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. transit permit. (Yes, no, or unknown) (If yes give war or dates of service) SAME AS # 2 ABOVE MOTHER 18. CAUSE OF DEATH [Enter only one cause peraline for (a), (b), and (c).] INTERVAL BETWEEN that the ONSET AND DEATH by PART I. DEATH WAS CAUSED BY: attending physician. been signed I the burial-trai or to burial, cri IMMEDIATE CAUSE (a) DUE TO requires Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 88 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELLE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED AUTOPSY for use Health use certificate NO YES PHYSICIAM: 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached fite Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. at work at work OR ATTENOIN be retained I should 21. I certify that (i) (this hospital) attended the deceased from 3 should with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at DATE SIGNED 22a. SIGNATURE 22b. O FUNERAL DIRE director, page 3 should be filed v OH ATTENDING Page 4 may t DIRECTOR PHYSICIAN'S ADDRESS NAME (Type) GREAT MILLS. D. MARYLAND JARBOE (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 JUNE 26, 1966 ST. LUKES CEMETERY ST. GEORGE ISLAND, MD BURIAL 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Melanten VR A15 (4) W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND 20M 1/65

188331 pluster . To CO. J. J. Vall aly her THE VENT BUILD TYNG T per process of the state of the 11 41 300; 77 747 741 HASHIO ... A 26,21 NOO WAYLAND L. P. P. James of Strangers Konya, . The sol SAMPLE STATEMENT AND THE End the test to the best of O . W YOURSE . . OTHER Tenne Word 25,1906 V St. Loves Courtman T. Control Jacobs, Co. "CLARG MATERWALLY LEDMANDTOWN, WARLAND LIN - 155" / CHARLES

a 1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR ST		08942 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08932
HEALTH	DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission as STATE b. COUNTY
oe all	ath.	ST. MARYS MARYLAND MARYLAND ST. MARYS b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest tow
cessary, le funeral may be	Department after death.	write RURAL and give nearest town) LEONARDTOWN RURAL - CALIFORNIA
ge to the Same	afte afte	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENC ON A FARM?
d 3 t	State Hours	ST. MARYS HOSPITAL RT. 2 BOX 192 YES NO [3. NAME OF First Middle Last 14. DATE Month Day Year
ny d	72 h	DECEASED (Type or print) RUSSELL ZELLAS BLOOM DEATH JUNE 18 1966
# 1, E	E E	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 H last birthday) Months Deys Hours Miles Miles
age.	13	MALE WHITE WIDOWED JUNE 18, 1897 69 yrs.
ive i	a a	10e. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
s after 8. G	pages I in any	ENGINEER RETIRED RAILROAD PENNA. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hours em 1 ce a	e d E	JAMES BLOOM EMMA WOLFORD
24 in ft	, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
ithin ncil	permit. removal,	NO 705 09 2415 MRS. DOROTHY JENKINS - SAME AS #2
ed w in pe kamil	it pe	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROPRIED AND DEATH
ng" E	on, o	4 201 DUE TO
endic edic	cremation, or	Conditions, If eny, which by gave rise to immediate (b)
d 'i' b	a bu	cause (a), stating the DUE TO
sho Yor	burial, c	
ficate the the	30	₹ YES NO [
s certil vriting rded to	uld be	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS
EXAMINER: This certificate should be executed within 24 hours after death. If any delay ne certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pafiles.	3 shouf agent, p	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at wor
MMIN ertifi fd b	crok: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy, InspectionX and in my opini
EXA shoul files.	esign	death resulted from: Natural causes X, Accident , Suicide , Homloide , Undetermined manner
4 7	REC.	CHIEF MEDICAL EXAMINER 6/19/6 ACTUAL
execute Page	- or	DEPUTY MEDICAL EXAMINER
Se e stor.	FUNERAL DIRECTOR: Health or its design	EXAMINER'S NAME (Type) P.J.BEAN M.D. Address (Street, city, town, or county) GREAT MILLS, MD.
O DEPUT please e director. retained	5 P. P.	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REPORT Specify) BURIAL (Specify) 6/21/66. GREENHILL CEMETERY BERRYVILLE, VIRGINIA
-	F	ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A1		SOHN W. WELCH - LEONARDTOWN WELCH - LEONARDTOWN WELCH - LEONARDTOWN

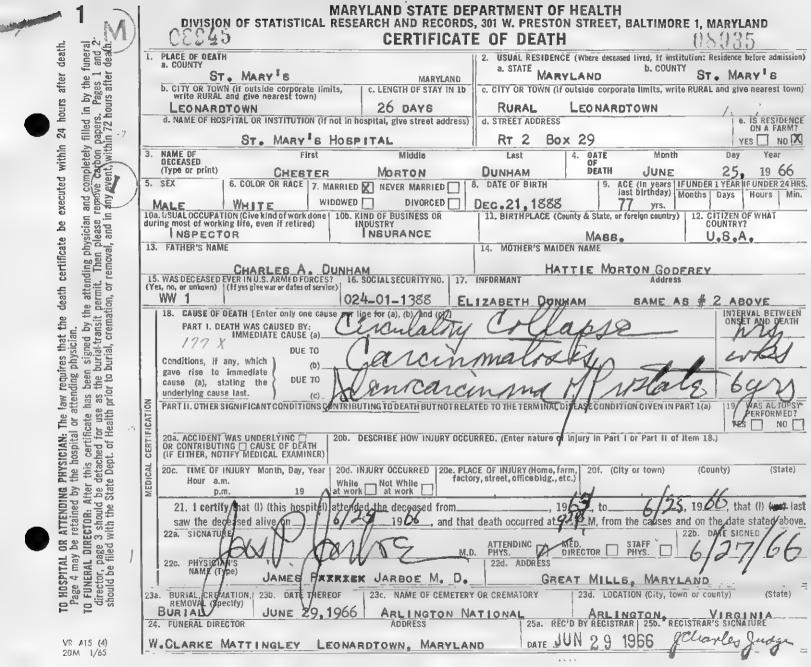
SEAS TO THE TO SECURE THE PROPERTY OF SECURE ASSESSMENT OF SECURITIES ASSESSMENT OF The A. -Mary Mary Contract of the Cont AND THE STATE OF T THE STATE OF THE S - Park, Lake Sign TO COURT JEEP COOP, agent about the title 121

funeral 1 and 2 1r death	08943 CERTIFICATE OF DEATH	YLAND 18933
after death		nce before admission MARY 8
	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) LEONARDTOWN 11 DAYS C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and CHARLOTTE HALL	give nearest town
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Mary's Hospital. Rt. 1 Box 70	e. IS RESIDENCE ON A FARM? YES NO X
D.	3. NAME OF DECEASED First Middle Last 4. DATE Month D	ay Year
	5. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YE last birthday) Months Days	AR IF UNDER 24 HR
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE COUNT	N OF WHAT
	TEACHER PUBLIC BCHOOL MARYLAND U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Α.
	JOHN FRANCIS BUTLER LOUISA 7 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, 100, or unknown) ((Ifyes pive war or dates of service)	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O O O O O O O O O O O O O	TERVAL BETWEEN NSET AND DEATH
	Conditions, If any, which gave rise to immediate (b)	1041
	cause (a), stating the DUE TO underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 11	9. WAS AUTOPSY
0	ICATI	PERFORMED? YES NO
		(State)
HOSPITAL OR ATTENDING PHYSICIAN: age 4 may be retained by the hospital FUNERAL DIRECTOR: After this certific fector, page 3 should be detached for hould be filed with the State Dept. of He	Hour a.m. While Not While factory, street, office bldg., etc.)	
	saw the depeased alive on 6/4/95 19, and that death occurred at 7 M, from the causes and on the d	that (I) (we) las
1	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	SIGNED
1	NAME (Type) LEON W. BERUBE M. D. MECHANICSVILLE, MA	
3	REMOVAL (Specify) BURIAL JUNE 15 1966 ST. JOSEPHS CEMETERY M. RGANZA MA 24. FUNERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
	W CLARKE MATTINGLEY LEONARDTOWN MARYLAND JUN 15 1966 / Charles &	MARK

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death. death, and PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the fi Pages 1 urs after ST. MARY'S MARY 6 MARYLAND MARYLAND and completer, rages femove carbon papers. Pages any event, within 72 hours at CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours RURAL DRAYDEN DRAYDEN RURAL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 NOX 00 YES within 3. NAME DE First Middle Last 4. DATE Month Day Year DECEASED (Type or print) EARL DEATH 19 66 LEONARD CARNES 19 JUNE executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) | Months | Days Hours WIDOWED | May 20, 1897 DIVORCED MALE WHITE 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) clan death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY U.S.A. UNDER GROWN FOREMAN BALTI. GAS & LIGHT phys. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending permit. Then ELLA CLARK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attendit permit. 10 (Yes, no, or unknwn) \((If yes give war or dates of service) cremation, MRS LOLA H. CARNES SAME AS # 2 ABOVE been signed transit to the burial, cremation to burial, cremation INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (III) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. (c) 33 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO T YES T PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) po OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cel 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) P Hour a.m. Not While fter Stat ATTENDING p.m. at work at work that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at 22 M. from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE DATE SIGNED þe MED. ATTENDING DIRECTOR may HOSPITAL TO FUNERAL PHYSICIAN'S ADDRESS 22c. 22d. director, p should be NAME (Type) P. J. BEAN M. D. GREAT MILLS. MARYLAND 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) RIP AND (Specify) JUNE 22, 1966 ST. GEORGE EPISCOPAL VALLEY LEE MARYLAND JUN 2 4 966 25b. AGGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND VR ALS DATE. 20M

DESIGN. 11 V . T. THE JY ATTING WELL PERSONAL PROPERTY ATT THE MENT OF THE PARTY. CONTROL EAST CARRIED AY 2,127 2.7.110 Macs dates denders Days, Can Link . . . ANNALE STREET .1 CHAPLESTER WE LOUN . CARDEN SAME OF SCHOOLS 10000 P. J. STAR W. C. 11 AT 11 LLL , 12 MAY 15 House the course of the course th OWNERS WITH SERVE CONTRACTORS, MANYLAND



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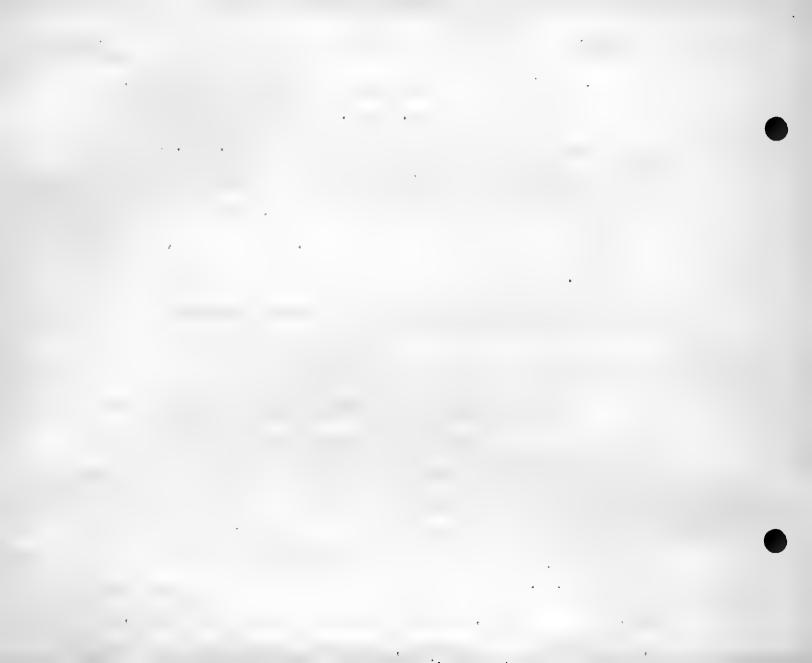
1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
thours after death. d in by the funeral rs. Pages 1 and 2 rs. hours after death.	1. PLACE DF DEATH a. COUNTY ST. MARY S MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND MARYLAND NOTE: MARY S
s afte by the Pages rs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
s. P	RURAL CHAPTICO LIFE RURAL CHAPTICO /8-, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
24 fille pape in 7	ON A FARM? YES NO
executed within and completely remove carbon any event, with	3. NAME OF First Middle Last 4. DATE Month Day Year OF
omply vent	(Type or print) JAMES THURMAN FENWICK BEATH JUNE 30, 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED 1 8. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR IF UNDER 24 HRS.
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exe n ar in an	MALE COLORED WIDOWED DIVORCED Vyrs. 112. CITIZEN OF WHAT COUNTRY?
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a a a a a a a a a a a a a a a a a a a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
it and a second	? ? MARY JANE CLARK
h ce lit. or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
deat e at perm ion,	219-16-1163 MK ALBERTA FENWICK SAME AS # 2 ABOVE
THYBICLEM The law requires that the death certificate be the hospital or attending laysician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please to bept. of Health prior to burial, cremation, or removal, and in	18. CAUSE DF DEATH [Enter only one cause per line fee (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
THYBICEMI The hospital of this certifical detached for a bebt, of Head	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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AL OR ATTEMO Ray be retained IL DIRECTOR: , page 3 should filed with the	21. I certify that (I) (this hospital) attended the deceased from
TO MORPIT Page 4 m TO FUNERA director, should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL JUNY 4, 1966 ST. JOSEPHS CEMETERY MORGANZA, MARYLAND 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE
VR A15 (4) W	W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE JUL 7 1956 July -

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE ST. MARY S MARYLAND MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DAYS Ξ LEO NARDTOWN. RURAL ABELL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS filled any event, within 72 ON A FARM? ND X ST. MARY & HOSPITAL YES T within completely carbon NAME DE DECEASED Middie Last 4. DATE Month Day Year DF MARION 19 66 (Type or print) G. GIBSON DEATH JUNE 15. executed AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS DATE OF BIRTH 5. SEX 6. COLOR OR RACE геттоуе 7. MARRIED X NEVER MARRIED □ last birthday) Months | Days Hours and MAY 1.1893 MALE WHITE WIDOWED DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT hysician death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME he attending permit. JAMES HENRY GIBSON RKKXMXXXXX MARY S. GOODE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) 248_38_8608 ELEANOR ROSE GIBSON ABELL. MARYLAND the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN -transit ONSET AND DEATH à PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-tu burial, DUF TO Cenditions, If any, which peen gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? ND YES ŏ ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum. detached for DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After d be d at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from Central 1966 director, page 3 should should be filed with the and that death occurred at 6 A M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE filed ATTENDING STAFF DIRECTOR may TO HOSPITAL PHYSICIAN'S 22d. ADDRESS director, p 22c. NAME (Type) BOYD LEONARDTOWN, MARYLAND 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY JUNE 18.1966 SACRED HEART CEMETERY BUSHWOOD REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR I 24. FUNERAL DIRECTOR MATTINGLEY ARKE LEONARDTOWN. MARYLAND VR A15 (4) 20M 1/65

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physitian physitian en least	during most of working life, even if retired) 13. FATHER S NAME	INDUSTRY St	t. Mary's County, 1	12. CITIZEN OF WHAT COUNTRY?
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ATTEND effained becaused by should be should be with the S	21. I certify that (1) (this hospite saw the deceased alive on 16	` /	h occurred at4:00AM, fram caus	es and on the date stated abov 22b. DATE SIGNED
FO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to	22c. PHYSICIAN'S PLANT RAME (Type) R. E. DJRI.		TENDING WED. YS DIRECTOR PHYS. 2d. ADDRESS Same as #1	16 June 1966
TO HOSE Page 4 FO FUNE directal shauld	230 BURIAL, CREMATION, REMOVAL (Specify) BURIAL JUNE 17	1966 HOLY FACE CEME	DRY 23d. LOCATION (City o	LE. MARYLAND
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR W.CLARKE MATTINGLEY L	ADDRESS FONA POTOWN MARYLAND		REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE hours after ST. MARYS MARYLAND ST.MARYS MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e carbon papers. Fagurant, within 72 hours a c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHAPTICO LEONARDTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? ST. MARYS HOSPITAL NO X YES 3. NAME OF First Middle Last DATE Mon th Day Year 4. DECEASED event, (Type or print) HARRISON SR. DEATH TRVING 19 66 ROBERT JUNE 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. last birthday) Months Davs Min. Hours any MALE WHITE WIDOWED [JULY 31,1890 yrs. Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR physician in please r 12. CITIZEN OF WHA 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? and FARM FARMING - RETTRED MARYLAND USA certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the this certificate has been signed by the attending be detached for use as the burial-transit permit. The State Dept. of Health prior to burial, cremation, or remo COLUMBUS HARRISON SARAH HIGGS 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) | (If yes give war or dates of service) WWI YES 36 MRS. MARY - CHAPTICO MARYLAND 6944A E.HARRISON 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO T YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While FUNERAL DIRECTOR: After irector, page 3 should be diouid be filed with the State be retained by ATTENDING 19 at work at work in(1) 21. I certify that (I) (this hospital) attended the deceased from i 19 (c.c., that((l) (we) [ast CL WITY saw the deceased alive on and that death occurred at 2 A.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENOING STAFF PHYS. Page 4 may M.D. PHYS. DIRECTOR ADDRESS PHYSICIAN'S 22d. director, p should be NAME (Type) J.ROY MECHANICSVILLE, MARYLAND GUYTHER M.D. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 9 CHRIST CHURCH CEMETERY CHAPTICO, MARYLAND BURIAL 25b. REGISTRAR'S SIGNATURE FINERAL DIRECTOR ADDRESS REC'D BY REGISTRAR LEONARDTOWN MARYLAND VR A15 (4) 15M 4-64



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within 24 houtely filled in barbon papers.	d. NAME OF HOSP.TAL OR INSTITUTION (If not in hospital Station Hospital 3 NAME OF DECEASED (Type or print) Agnes King H	d STREET ADDRESS 777B MEMQ Middle Last	e. IS RESIDENCE ON A FARM?
icote he exècuted sician and comple please remove co	S SEX 6. COLOR OR RACE 7 MARRIES Female Caucasian WIDOWES 100 USUAL OCCUPAT ON (Give kind of work done 10b.	NEVER MARRIED 8. DATE OF BIRTH	32 34 Yrs. If UNDER 1 YEAR 1 IF UNDER 24 HRS Manths Days Hours Min. 12 (ITIZEN OF WHAT COUNTRY?
ATTENDING PHYSICIAN: The law requires that the death certificate a secuted within 24 hours after death estained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death	Peter King 15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service)	Mary McG 6. SOCIAL SECURITY NO. 17 INFORMANT 155 26 1192 Lawrence M. H for (a), (b), and (c).)	rath
law requires the rending physicion. s been signed by as the buriol-troi orior to buriol, cre	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse (b) Act (c) Ch.	ute Asthmatic Attack ronic Bronchial asthma G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
YSICIAN: The tospitol or officert ho certificate ho ched for use the officert of Health (200 ACCIDENT WAS UNDERLYING [] 20b. OR CONTRIBUTING [] CAUSE OF DEATH OF FITHER NOTIFY MEDICAL FYAMINED	DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Par	† I ar Part II of item 18.)
DIRE of w	Haur a.m. p.m. 21. I certify that (I) (this hospital) attests the deceased alive an June 220. SIGNATURE 221. PHYSICIAN'S	7 19 66, and that death accurred at 6 M.D. ATTENDING DI PHYS. D22d. ADDRESS	RECTOR L. PHYS. [X] June 7, 1966
TO HOSPITAL Page 4 moy TO FUNERAL I A Greetor, pages should be file	NAME (Type) F. J. Konicek 23a. BURIAL, (REMATION, PEROVAL Specify) 17 ANS 1941 23b. DATE THEREOF 6/9/66 24 Further at Director JOHN M. WELCH - LEONARDTO	ADDRESS 25d. RECD B	23d LOCATION (City or Town) (County) (Stote) YONKERS NEW YORK
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND ST. MARY'S ST. MARY R MARYLAND b. CITY DR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) PINEY POINT LEGNARDTOWN DAYS RURAL. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE ON A FARM? ST. MARY'S HOSPITAL NO M YES letely death certificate be executed within 3. NAME OF First OATE Middle Last Month Year DECEASED event, comple (Type or print) HENDERSON DEATH MAUDE JUNE ROSA 5. SEX 6. COLOR OR RACE : 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years ! IF UNDER 1 YEAR !!F UNDER 24 HRS last birthday) | Months | Davs Hours WIOOWED Y DIVORCED FEMALE WHITE 1894 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT during most of working life, even If retired) COUNTRY? ST - MARY S ILS.A 13. FATHER'S NAME MOTHER'S MAIDEN NAME CROWDER FRANKLIN ROSE MILBURN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. PINEY POINT. MAGDALENE LUMPKINS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate a 2 DUE TO cause (a), stating the underlying cause last. PARTILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NO PRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPS PERFORMED? NO 20a. ACCIOENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20b. OESCRIBE HOW NURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. be retained by at work at work 21. I certify that (i) (this insubital) attended the deceased from TIM, from the causes and on the date stated above. saw the declased alive on and that death occurred at. 22a. SIGNATUR 22b. DATE SIGNED ATTENOING PHYS. Page 4 may DIRECTOR pa FUNERAL director, p 22c. PHYSIC JAN'S ADDRESS NAME (Type) JAMES P. JARBOE. M.D. GREAT MILLS. Mo BURÍAL, CREMATION, 23b. REMOVAV (Specify) BURÍAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 ST. GEORGE ISLAND Mo. ST.GEORGE ISLAND METHODIST 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Charles 1966 VR A15 (4) W. CLARKE MATTINGLEY LEGNARATOWN 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH p. COUNTY **B** STATE b. COUNTY αŧ St. MARY'S death. WASHINGTON. D. C. MARYLAND partment of ofter death c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b CTY OR TDWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town)
RURAL BUSHWOOD 3 HRS d NAME DF HDSPITAL DR INSTITUTION (H not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? rate De haurs OFF THE WICOMICO RIVER NO X MILL CREEK 8. Give Pages 13TH ST. S. 3 NAME OF First Middle 4 DATE Doy Year after deat DECEASED E. HILL Louis DEATH (Type or print) JUNE 9. AGE (In years FUNDER 1 YEAR S SEX 6. CDLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 29 ost birthdoy) Months Doys Hours D-VORCED. W DOWED FEB. 25,1937 NEGRO 12 CITIZEN OF WHAT 10b KIND OF BUSINESS DR 11 BIRTHPLACE (State or foreign country) 10o USLAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY WASHINGTON. D.C. any MOVING CO. U. S. A pages in any LABOR 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME MILDRED WILLIAMS gnd LIVINGSTON H. HILL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address or remaval, (Yes, no, or unknown) (If yes give wor or dates of service EDNA F. GRAY 328 - 13th St. S.E. WASHINGTON INTERVAL BEDVEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE (ALSE (o) cremation, Conditions, if ony, which gove use to immediate couse (a), DUE TO stoting the underlying couse 19 WAS ALTOPSY PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO [200 EXTERNAL FAUSE WAS PRIMARY TO CONTRIBUTING 20b DESCRIBE HOW INJURY DCCURRED (Enter nature of mury in Port 1 or Port 1 of Item 18.) CAUSE OF DEATH 20d INJURY OCCURRED A (Stote) 20e PLACE DF INJURY (Home, form (City or fown) (County) TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.)... Not While of work may be retained for your FUNERAL DIRECTOR: Page Ji Cornie o Min Inspection 2 and in my opinian Inquiry -Suicide | Hamicide Undetermined manner death resulted fram Accident | 44 Natural couses CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Hearth or 1 DEPUTY MEDICAL EXAMINER **EXAMINER'S** WILLIAM D. BOYD M.D. Address (Street, city, town, or county) NAME (Type) 23b DATE THEREDE 23c NAME OF CEMETERY DR CREMATDRY 23d LOCAT DN (City or Town) (County) 230 BUR AL, CREMAT DN, 400 BURIAL (Specify) WASHINGTON, D.C. JUNE 29, 1966 LINCOLN CEMETERY 2Sb REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Ocharley VR A15ME (5) METTHEWS & BARNES 3619 -148T ST. N.W. 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 24 hours after death PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY ST. MARY 8 ST. MARY S MARYLAND MARYLAND b. CITY DR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) n and completely filled in by remove carbon papers. Pagin any event, within 72 hours 11 DAYS LEONA ROTOWN HOLLYWOOD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS **8. IS RESIDENCE** ON A FARM? ST. MARY'S HOSPITAL YES NO CLARKES LANDING ROAD executed within NAME OF albbild Last 4. DATE Month Day DECEASED DF (Type or print) DEATH 19 66 JOHN MATTINGLY LEO JUNE SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months ! Days Hours WIDOWED [DIVORCED | MALE 12. CITIZEN OF WHAT physician and in 10a, USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) U. S. A. FARMING

13. FATHER'S NAME MARYLAND death certificate 14. MOTHER'S MAIDEN NAME remova MARY KNOTT LEO MATTINGLY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address 0 (Yes, no. or unkown) | (If yes pive war or dates of service) transit perm cremation, 220-40-5660 MRS GRACE M.MATTINGLEY LEGNARDTOWN. MARYLAN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per une for (a), (b), and (c).] The law requires that the d by transi PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed the burial-to or to burial, Cenditions. If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last 8 CERTAFICATION PARTAL OTHER SIGNIFICANT CONDITIONS COMMISSUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? certificate YES . ND hospital this certached for 20a ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part | or Part |I of Item 18.) MEDICAL (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE þę DIRECTOR L O HOSPITAL PHYSICIAN'S 22d. ADDRESS director, should be NAME (Type) ERNEST REHM M. LEXINGTON PARK, MARYLAND 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) HOLLYWOOD, MAKTEN JUNE 7, 1966 BURIAL ST. JOHNS CEMETERY REC'D BY REGISTRAR | 25b. ADDRESS 24. FUNERAL DIRECTOR 1966 W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND 1/65

1	Item 18 Film G378 7/20 MARY EAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND RECOR
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)
	a. COUNTY a. STATE b. CDUNTY
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the funeral, o the funeral, is 5 may be beartment after death.	Patuxent River 5 mo. Scotland / /
the S after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE DN A FARM?
delay in 3 to nd 3 to Page State hours	Station Hospital Box #11 YES NO ST
EXAMINER: This certificate should be executed within 24 hours after death. If any delay in the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 4 should be used as a burial-transit permit. File-pages 1 and 2 with the State Is designated agent, prior to burial, cremation, or removal and in any event within 72 hours as	3. NAME OF First Middla Last 4. DATE Month Day Year DECEASED 0F
PM PM	(Typa or print) Robert Andrew Neckel 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER1 YEAR IFUNDER 24 HRS
ith. If all gles 1, 2 form P form P within	last birthday) Months Days Hours Min.
with with I and 2	10a IISIIAI OCCUPATION (Give kind of work done 1 10b. KIND OF RUSINESS OR 111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Give g wi	during most of working life, even if retired) INDUSTRY St. Lary's Md. USA
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e me	John Charles Thomas Neckel Judith Ann Knowles
2 = 8 = 2 = 3	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
within a pencil ir miner's permit.	John C.T. Neckel Box#11.Scotland. Md. 1.18. CAUSE OF DEATH LEnter only one cause her line for (a) (b) and (c) I
d wind wind amir.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBLEM ONSET AND DEATH
uld be executed i "pending" in ef Medical Exar a burial-transit cremation, or i	V FILLIANT
exe ndin dica dica al-tr	Conditions, if any, which \ (b) Interstitial pneumonitis
d be Me buri	gave rise to immediate (cause (a), stating the DUE TO Mesenteric adenitis
houl ord shiel	underlying cause last. (c)
ficate should the word on the Chief used as a lused as a lu to burial, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO YES NO
tiffca to the to the to the to the	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.)
ER, This certificate, writing forwarded to 3 should be agent, prior (20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of Injury In Part I or Part II of Itam 18.) Left unattended in car. on hot day.
This rwar rwar shou ent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 209. PLACE OF INJURY (Homa, farm., 20f. (City or town) (State)
icate e 3 d ag	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm. Hour a.m. 29June19 66 at work of at work of the bound of
MMIN ld b Paga	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [4], and In my opinion
EXA he ce shoul files. TOR:	death resulted from: Natural causes Accident 1, Suicide , Homicide , Undetermined manner
ge 4 your life its de its de	ACTUAL CALLACTURE CHIEF MEDICAL EXAMINER 22. DATE SIGNED
ry Medite execute Page I for you tal DIRE	SIGNATURE DEPUTY MEDICAL EXAMINER C
UTY or. ex ed f ed f	EXAMINER'S C. F. MAC CANTIY LT MC USN Samadores Street, bity, town, or county) 29 June 1966
DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files. O FUNERAL DIRECTOR: Page of Health or its designated	23a. BURIAL CREMATION 23b. ORIGINATION 23b. ORIGINATION (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	TRANSIT DETROIT, MICH.
VR AISME (5)	Min 1) Veleti
5M 1/65	JOHN M. WELCH - LEONARDTOWN, MARYLAND DATE JUL 6 1956 Markey Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE DF DEATH a. COUNTY b. COUNTY ST. MARY MARYLAND MARY 8 MARYLAND Pages C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b þ hours 5 YEARS ANTENUE RURAL HURRY .≘ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers. in 72 h e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? 24 RIDGELL REST HOME NO N YES executed within erely remove carbon 3. NAME OF First Middle Last DATE Month Day 3 DECEASED event, BURCE BRUCE QUADE DEATH 66 JUNE 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED [NEVER MARRIED last birthday) | Months | Days Hours MALE MARCH 18.1887 WIDOWED X DIVORCED [physician a n please re val, and in a 10a. USUAL OCCUPATION (Give kind of workdone | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ě during most of working life, even If retired) COUNTRY? FARMING HURRY. MARYLAND U.S.A. The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending permit. Then MARY WASHINGTON LACEY JOHN JOSEPH QUADE 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 Address by the attendansit permit. (Yes, no, or unkown) (If yes give war or dates of service) YES MRS LOUIS THOMPSON AVENUE. MARYLAND INTERVAL BETWEEN ONSET AND DEATH CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by increased by increased by increased by increased by increased by increasing burial, creminal by increased by inc PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 33 CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTA(a) WAS AUTDPSY for use Health PERFORMED? ND 177 YES I DESCRIBE HOW JUNKY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certified detached f MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 19 p.m. P 21. I certify that/(I) (this hospital) attended the deceased from a DIRECTOR: age 3 should lied with the and that death occurred at 10 P.M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE þe ATTENDING director, page should be filed DIRECTOR Page 4 may ADDRESS FUNERAL PHYSICIAN'S 22c. NAME (Type) JAMES JARBOE M. GREAT MILLS. MARYLAND NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREO 23c. REMDVAL (Specify) BURTAL JUNE 25 1966 BUSHWOOD. SACRED HEART CEMETERY REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND VR A15 (4) 20M 1/65

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. , 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
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그 등 등	LEONARDTOWN 4 DAYS RURAL MECHANICSVILLE							
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ithin 2	ST. MARY'S HOSPITAL RT. 1 Box 273 A YES NO V							
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ited wi comple ve cart, event,	5. SEX 6. COLOR OR RACE 7 MARRIED TO MARRIED 1 8 OATE OF RIPTH 19 AGE /In ORD 1 VEACULE LINDED OF HER							
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hysipan hysipan prease r prease r	CHAUFFEUR TRANSPORT BALTIMORE, MARYLAND II C A							
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dea he a tion	NO 216-03-0087 MILDRED G. SPRINKEL SAME AS # 2 ABOVE 18. CAUSE OF DEATH [Enter only one cause per line fof (a), (b), and (c).] (() () () () () () () () ()							
that the death certificate—be sician. Investigate altransit permit. Then prease altrenging, or removal, and in the constant of	PART I, DEATH WAS CAUSED BY:							
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equi ling been the l	gave rise to immediate cause (a), stating the DUE TO							
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he In	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
tal criffical for	YES NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)							
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ter by t be d	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) But the control of the con							
NDIII	21. I certify that (1) (this hospital) attended the deceased from. 1956, to 3000 to 1965, that (1) (we) last							
Sho sho	saw the deceased alive on, and that death occurred atM, from the causes and on the date stated above.							
be 1 Se of w	22a. SIGNATURE ATTENOING MEO. STAFF DIRECTOR PHYS. 22b. OATE SIGNED							
AL C	22c. PHYSICIAN'S							
SSPI e 4 i NER ctor, iid bi	NAME (Type) LEWON B. BEURBE M.D. MECHANICSVILLE, MARYLAND							
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Fage 4 may be retained by the hospital or attending physician. To FUNEAL ONECTOR: After this certificate has been signed by the attending a director, page 3 should be detached for use as the burial-transit permit. Then should be flied with the State Dept. of Health prior to burial, cremation, or remove	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) JUNE 27, 1966 GLEN HAVEN MEMORIAL PARK GLEN BERNIE MARKET AND							
F # 3	TOTAL STATE OF THE							
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VR A15 (4) 20M 1/65	W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE JUN 27 1986 fillowles Judge							

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SN	1	MARYLAND STATE DEPARTMENT OF HEALTH QUASION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
ei.	EN Fra	08953 CERTIFICATE OF DEATH (18949)	
hours after death	ter death.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissi a. STATE b. COUNTY	ion)
afte	44 97 44	ST. MARYS b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND ST. MARYS c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	wn)
OUIS	in by Pa	LEONARDTOWN RURAL - CALIFORNIA /8-/	Nor
24	ove carbon papers. Page ove carbon papers. Page y event, within 72 hours a	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN ON A FARM ST.MARYS HOSPITAL yes \(\sum_{\text{NOS}} \)	/17
rithin	etely rbon , with	NAME DF First Middle Last 4. DATE Month Day Year DECEASED	
ted v	c can	(Type or print) THOMAS GEORGE STRICKLAND DEATH JUNE 23 19 66 SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 1	HRS
xecul	and	MALE WHITE WIDOWED DIVORCED AUG. 31.1896 69 yrs. Months Days Hours M	IIn.
The law requires that the death certificate be executed within	please r	Oa. USUAL OCCUPATION (Give kind of workdone industry) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone industry) 12b. CITIZEN OF WHAT COUNTRY? FARMING (RETIRED) FARM NORTH CAROLINA USA	
ificat	0 6 6	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
cert	E E	CYRUS M. STRICKLAND HEIEN FRANCES TAYLOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
eath	ermit.	Yes, no, or unknown) (If yes give war or dates of service) NO 214 14 8203 MRS.ROSA H.STRICKLAND SAME AS # 2	
t the d	ed by the at transit perm , cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cereboal Henorrhase Indicate	EN
es tha	n signed burial-tra burial, cr	Conditions is any which is	K
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	certificate bed for use to of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES	
B PHYSICIAN:	er this cer e detached ate Dept, o	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, leading, etc.) 20f. (City or town) (County) (State factory, street, office bldg., etc.)	e)
NDON	R: After ould be o the State	21. Certify that (1) (this hospital) attended the deceased from France 8 1966 to France 22 1966, that (1) (we)	las
ATTENDING rotained hy	ECTOR 3 shot with t	saw the deceased alive on 22 1966, and that death occurred at 27M, from the causes and on the date stated about 22s. SIGNATURE 22b. DATE SIGNED	ove
52	DIR See	Robert V. Fuchs M.D. ATTENDING MED. DIRECTOR PHYS. 6/24/66	
HOSPITAL	26. 15.	22c. PHYSICIAN'S NAME (Type) ROBERT FUCHS M.D. 22d. ADDRESS LEONARDTOWN, MARYLAND	
0 HG	direct Should	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State))
	30	ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	A15 (4) M 4-64	JOHN M. WELCH - LEONARDTOWN, MARYLAND DATE UN 2 7 1966 GCharles Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY 5. COUNTY by the financial Pages 1 urs after ST. MARY'S ST. MARY'S MARYLAND MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours hours 2 WEEKS = LEONARDTOWN HOLLYWOOD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ST. MARY & NURSING HOME YES X NO etely within n and completely remove carbon in the carbon NAME OF DECEASED 3. Middle Last DATE 4. Month Day Year DF (Type or print) MARTIN DEATH WIBLE 66 JOHN 19 JUNE executed SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) Months I Davs Hours WIDOWED [Ост. 25.1880 DIVORCED MALE WHITE 10a. USUAL OCCUPATION (Give kind of work done physician n please 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) during most of working life, even if retired) certificate be BLACKSMITH U.S.A. HOLLYWOOD. MARYLAND 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending ph remnya JOSEPH C. WILLE MARTHA MATHEWS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the attend t permit. Address 5 death (Yes, no, or unkown) (If yes give war or dates of service) cremation, MRS ELLA N. WIBLE HOLLYWOOD. MARYLAND burial-transit p 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) wich DUE TO Conditions, If any, which been gave rise to immediate the r DUE TO cause (a), stating the prior t underlying cause last, has 33 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT WAS AUTOPSY ERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: detached for the Dept. of F DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While at work at work p.m. retained DIRECTOR: A age 3 should iled with the S 2 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last M, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING page DIRECTOR M.D. pa O HOSPITAL FUNERAL PHYSICIAN'S director, p should be ADDRESS NAME (Type) DAVID MOSSMAN M. MECHANICSVILLE. MARYLAND 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) BURIAL, CREMATION. (State) 2 REMOVAL (Specify) JUNE 8.1966 BURIAL HOLLYWOOD. JOHNS MARYLAND 24. FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE W.CLARKE MATTINGLEY LEONARDTOWN. MARYLAND VR A15 (4) 20M

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